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## BIB DATA SHEET

CONFIRMATION NO. 8041

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/799,941	03/11/2004 RULE	424	1654	5199-134		
<b>APPLICANTS</b> Martha G. Welch, New York, NY; David A. Ruggiero, New York, NY; Muhammad Anwar, New York, NY;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/518,389 11/06/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/31/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ANDREW D KOSAR/</u> <small>Examiner's signature</small>		<input type="checkbox"/> Met after Allowance <small>Intests</small>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 25	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> WilmerHale/Columbia University 399 PARK AVENUE NEW YORK, NY 10022 UNITED STATES						
<b>TITLE</b> Novel multipetide regimen for the treatment of autistic spectrum, behavioral, emotional and visceral inflammation/autoimmune disorders						
<b>FILING FEE RECEIVED</b> 1176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			